

VOHWINKEL & ASSOCIATES  
RORY VOHWINKEL ESQ.  
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Nevada State Bar No. 8709  
Attorney for the Debtor

**UNITED STATES BANKRUPTCY COURT**  
**FOR THE SOUTHERN DISTRICT OF NEVADA**

Re: ) BANKRUPTCY NUMBER:  
Andrew Brown (Deceased) ) BK-S-10-17758-LED  
                        ) CHAPTER 13  
                        )  
                        )  
Debtor(s).         ) DATE: N/A  
                        ) TIME: N/A

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**NOTICE OF SUGGESTION OF DEATH**

TO: ALL INTERESTED PARTIES  
TO: THE CLERK OF THE ABOVE-ENTITLED COURT

NOTICE IS HEREBY GIVEN that Rory Vohwinkel ESQ. , attorney for the above mentioned Debtor Andrew Brown hereby enters into this court a Suggestion of Death.

DATED this 14<sup>th</sup> day of September, 2015

VOHWINKEL & ASSOCIATES

By: /S/RORY VOHWINKEL ESQ.  
RORY VOHWINKEL ESQ.  
4000 S. Eastern Ave., Ste. 200  
Las Vegas, NV 89119  
Attorney for Debtor

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH - VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2015010011

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)			2. DATE OF DEATH (Mo/Day/Year)			3a. COUNTY OF DEATH				
Andrew BROWN JR			June 04, 2015			Clark				
3b. CITY, TOWN, OR LOCATION OF DEATH			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either; give street and city) If Hosp. or Inst. indicate DOA, OP/Emr. Rm.			3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm.				
Las Vegas			St Rose Dominican Hospital Siena Campus			Inpatient (Specify) Emergency Room / Outpatient				
5. RACE Black (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE - Last birthday (Years)	7b. UNDER 1 YEAR	7c. UNDER 1 DAY		
						72	MOS	DAYS	HOURS	MINS
9a. STATE OF BIRTH (If not U.S.A.) Louisiana			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (Maiden name)	8. DATE OF BIRTH (Mo/Day/Yr)		
						16	Widowed	September 07, 1942		
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Unknown/not Classifiable)			14b. KIND OF BUSINESS OR INDUSTRY Telephone Company			Ever in US Armed Forces? No	
									Yes	
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Henderson	15d. STREET AND NUMBER 1761 Lily Pond Circle			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Andrew BROWN SR						17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Olevia JOHNSON				
18a. INFORMANT - NAME (Type or Print) April BROWN			18b. MAILING ADDRESS 8550 Florin Road #30 Sacramento, California 95828							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial			19b. CEMETERY OR CREMATORIAL NAME Lone Tree Cemetery			19c. LOCATION City or Town State Hayward California				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER 64			20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101				
TRADE CALL - NAME AND ADDRESS										
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SCOTT FERGUSON MD						22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)				
21b. DATE SIGNED (Mo/Day/Yr) June 13, 2015			21c. HOUR OF DEATH 15:33			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) SCOTT FERGUSON MD 3001 St Rose Pkwy Henderson, NV 89052						23b. LICENSE NUMBER 12291				
24a. REGISTRAR (Signature) MARY WILSON SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 15, 2015			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I Cardiopulmonary Arrest Unknown Etiology									Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY 9999			28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE				

**STATE REGISTRAR**

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

B000141833 AUG 20 2015  
DATE ISSUED:

Registrar of Vital Statistics

By: *Amelia Thomas*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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